

RESEARCH BRIEF

YOUTH IN TRANSITION

CONTRACEPTIVE USE AND UNWANTED PREGNANCIES AMONG UNMARRIED YOUTH



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Youth in Transition

Contraceptive Use and Unwanted Pregnancies among Unmarried Youth

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Citation

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Prayas (Health Group)

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Prayas (Initiatives in Health, Energy, Learning and Parenthood) is a non-governmental, non-profit organization based in Pune, India. Prayas Health Group (PHG) is committed to generate evidence-based discourse on emerging issues on sexual and reproductive health and rights (SRHR). PHG is actively involved in socio-behavioral and epidemiological research, awareness building, programmatic interventions and provision of clinical and counseling services especially to persons living with HIV and youth.

About Youth in Transition Study

India is one of the youngest countries in the world with around 28% of its population in the age group of 15-29. In recent years, the context of life of many young people especially in urban India is changing very rapidly. Urbanization, globalization and technological revolutions are leading to diverse impacts on people. Many young people are moving to cities in the pursuit of higher education and jobs and leading a relatively independent life. The age at marriage is increasing, especially in urban areas providing the youth more time and freedom to explore their sexuality. Increasing age at marriage, widespread availability of internet and social media, availability of spaces that are not under family surveillance and the desire to lead independent life are important aspects of social context of youth in neo-liberal urban India. In this changing context, it is essential to examine the choices young people make about their relationships and sexual intimacy, how these choices evolve over a period and how these choices are interdependent with other life domains. In order to address these issues, the Youth in Transition study was conducted, adopting a life course perspective.

The primary focus of the study was to understand the sexual health needs of never married youth.

The study focused on never married youth because, in Indian context, sex is often linked with marriage. The sexual health needs of unmarried youth remain unaddressed. We have taken a broader perspective of sexual health, beyond mere absence of diseases. We refer to sexual health as a state of physical, emotional, mental and social wellbeing in relationship to sexuality. Improvement in sexual health would require developing a positive and respectful approach to sexuality and sexual relationships as well as possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence.

While premarital relationship is the commonly used term in the literature to indicate relationships before marriage, the term 'non-marital relationship' is preferred in this report because the participants do not consider many of these relationships as precursor to marriage. Non-marital relationships in the context of the study refers to relationships among never married youth.

Why life course perspective?

The current research literature on sexual intimacy before marriage in India is limited. The available literature mainly focuses on understanding 'proportion' of men and women who are sexually active (mostly defined as experiencing penetrative sex) and does not explain the context in which young people make their decisions and how these decisions evolve over a period of time. The Youth in Transition study adopted the life course approach to understand the dynamic process of decision-making of young people. A life course is defined as "a sequence of socially defined events (completing education, migrating to another place, starting a relationship, break-up, etc.) and

roles that the individual enacts over time". Life-course approach views developmental processes as a trajectory, which is shaped by multiple interacting factors, the interrelation of which is likely to change based on timing and sequences of life experiences and transitions. This approach enables understanding the continuity of life pathways by analyzing how behavior and experiences encountered during childhood and adolescence period may affect adult behavior and experiences. Such a diachronic understanding is essential to identify the patterns of behavior and for planning age and context appropriate interventions for improving sexual health of youth.

How was the study conducted?

The study was conducted among never married, educated youth living in Pune for at least 6 months prior to interview, and were between 20-29 years of age. Being in a relationship or being sexually active was not a criterion for participating in the study. Given the focus on understanding the trajectories and the difficulties of recruiting a random sample, a non-probability sample of participants who self-nominated themselves for the study and were fulfilling the eligibility criteria was included in the study. An appeal was made to young people living in diverse socio-economic and educational backgrounds to participate in the study. [please see [this link](#) for details of the study methodology].

The data on timing and sequencing of different events in the life of a participant was collected in the Relationship History Calendar (RHC). The RHC gathered quantitative information on monthly changes in the status with respect to various life events such as education, work experience, history of migration, staying arrangement, relationships, sexual behavior, substance use, mental health, etc. A separate form was prepared to collect data of each relationship to understand details of sexual behavior, contraception use and abusive experiences in that relationship. Data were retrospectively collected from age 10 until current age. Narrative interview technique, which encourages participants to share their story, was used to collect information on different events. The RCH with narrative interview technique has been shown to follow the process of memory recall and reduce recall bias. The participant and the interviewer had a side-by-side sitting arrangement so that the participant was able to see the calendar and could participate in filling it and ensure the correctness of the information collected. The study tools were prepared in Marathi and English language. Data were collected between July 2017 and Jan 2019. Data were analyzed using the principles of event history analysis, sequence analysis and group based trajectory modelling in SAS and R statistical software. After each interview, the interviewer noted down important details of the participant's story including some quotes that were felt essential to provide the context. The quotes used in the briefs are based on these notes.

The findings of Youth in Transition study are shared through research briefs focusing on specific thematic issues.

Contraceptive Use and Unwanted Pregnancies among Unmarried Youth

"We used condoms sometimes... did not like using it. And, he (her partner) was so very sure of the withdrawal method. But even then, pregnancy happened. He wanted me to take abortion pills...but it was more than 2 months so, curettage was done. He did not accompany at the time of abortion. One of my friends and his girlfriend helped me. He (her partner) later said sorry for his behavior. We had very frequent fights after that episode." (A 24-year-old woman)

Background

The evidence from many developing countries including India suggests that young women have high levels of unmet need for contraception. The unmet need is higher among the unmarried than married women [1]. Barriers at different levels – individual, peer, family, societal, and service delivery level - limit the contraceptive use. The context of secrecy and stigma surrounding sexual behavior in unmarried further complicates the matter. The contraceptive behavior also gets influenced by how the need for contraception is perceived by the women. For example, the Demographic and Health Survey data from developing countries [2] shows that infrequent sex is commonest reason for not using contraception. A sizable share of women citing this reason appeared to have underestimated their risk of becoming pregnant. The next most common reason in that data is a nonspecific response - "not married". There too, majority of these women reported that they had sex in the prior month. The findings indicate the possibility of some barriers that could not be elucidated through survey level inquiry. A nuanced understanding of the usage pattern of contraceptives among unmarried, not just at one time point but over a period, is needed to throw more light on these processes.

In the present section, we describe the patterns of contraceptive use – both traditional and modern - among unmarried youth. It also looks at pregnancy incidence and experiences of seeking abortion care.

Methodology

Retrospective data about relationships and sexual behavior in each relationship was collected through a one-time interview. Participants were asked to recollect their relationships sequentially starting from age 10 onwards until current age or other way round based on the participant's preference. Relationships that lasted for less than a month and more than one month were defined as short term and long term relations respectively. Detailed information about each long term relationship was collected on a separate form. Contraceptive usage during each long term relationship was asked about. Details such as whether any contraceptive method was ever used in a relation, what type of contraceptive was used (such as safe period, withdrawal, oral contraceptive pills, injectable contraceptives, intrauterine devices, emergency contraceptive pills etc.), frequency of use of emergency contraceptive pills were asked. Timeline of each relationship was plotted separately on a time event calendar. The use of condoms was plotted separately for the entire timeline. A month was marked if a sexual encounter happened at least once in that month and frequency of condom use for that month was noted. If condom was not used every time, data on reasons for not using condoms was collected.

The women were asked if they had any pregnancy event until the time of interview. Men reporting heterosexual relationships were asked if any of their partners got pregnant. Pregnancy occurrences were plotted on the timeline. Information on the outcome of the pregnancy was obtained. Using a separate set of questions, information on current level of risk perception, knowledge about contraception and protection self-efficacy was obtained.

Further details about study recruitment, data collection and overall profile of the participants are provided in a separate document and can be accessed through [this link](#).

Participant profile

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly

family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10th) in village or town and later migrated to the city for higher education or work.

There were a total of 737 heterosexual relationships among 447 participants in which vaginal sex was reported (209 men reported 361 relationships and 238 women reported 376 relationships). Descriptive analysis of ever use of contraception in each relationship was assessed, against the overall pattern of condom use for that relationship. We looked at consistency of condom use within every relationship that lasted for more than a month. If, at any time point in a relationship, the condom use was reported as 'Never', 'Sometimes' or 'Most of the times' then condom use with that partner was defined as inconsistent. Descriptive analysis was done to assess frequency of emergency contraceptive pill usage as well as reported pregnancies.

Findings

Condom was the most frequently used modern contraceptive among unmarried youth, but its use was inconsistent

- Of the total 737 relationships analyzed, condom use was inconsistent in 348 (47%).
- The next modern contraceptive option sought was emergency contraceptive pills (ECP), which was reportedly used in 34% of relationships.
- The use of oral contraceptives was miniscule, that too mostly reported by women (5.3%). Only 1.9% men reported use of OC pills by their partner. The hormonal pills were started mostly as part of acne treatment. None reported use of injectable contraceptives or intrauterine devices.
- The data also revealed that there was considerable fear about pregnancy. Almost 20% participants felt that there is no risk of pregnancy if withdrawal method is used. Many young people were not comfortable buying condoms or contraceptive pills from a chemist. 35% women and 10% men found it difficult to buy condoms from a chemist. 27% in women and 26% in men found it difficult to buy contraceptive pills from chemists.
- It was commonly felt that condoms reduce pleasure, which affected condom use. 'Unavailability of condoms at the time of act' was reported as a dominant reason for inconsistent use. The unplanned nature of the acts is one of the likely explanations for unavailability.

Young people often relied on safe period or withdrawal method to prevent pregnancy

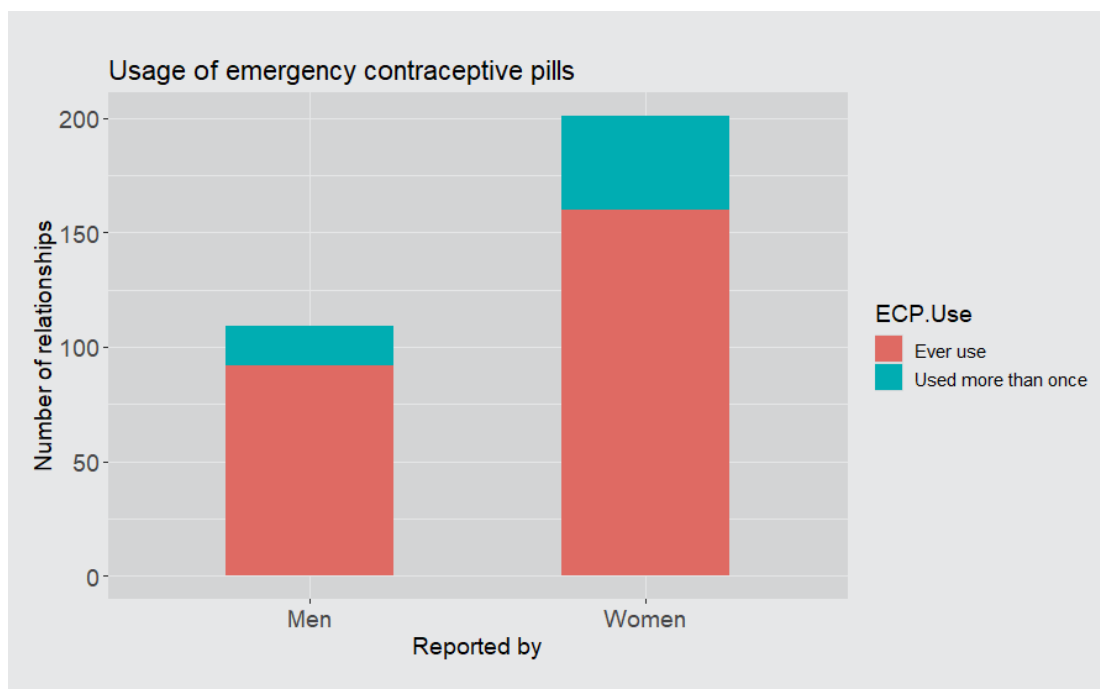
Table 1: Condom use pattern in relationships where safe period/withdrawal method was ever used

	Relationships where safe period/withdrawal method was ever used	Relationships where condom use was consistent	Relationships where condom use was inconsistent
All	314	57 (14.65%)	257 (73.85%)
Men	130	28 (13.53%)	102 (66.23%)
Women	164	29 (15.93%)	155 (79.9%)

- Of the total 737 relationships analyzed, use of traditional methods such as safe period and withdrawal method was reported in 42.6% relations.
- For relations wherever use of traditional method was reported, we looked at consistency of condom use. It was observed that in such cases, by and large condom use was inconsistent. (Table 1)

Emergency contraceptive served as an important contraceptive option for unmarried youth

Figure 1: Usage of emergency contraceptive pills



- In almost one third of relationships (n=252), ever use of emergency contraceptive pill (ECP) was reported
- Among these, 18% and 26% relationships in men and women respectively, ECP was used more than once.

- Using multiple EC pills in the same menstrual cycle was reported in 4% and 13% relationships in men and women (where ever use of ECP was observed).

Table 2: Condom use pattern in relationships where emergency contraceptive pill use was reported

	Men		Women	
	Consistent condom use	Inconsistent condom use	Consistent condom use	Inconsistent condom use
Ever use of ECP	21 (23%)	71 (77%)	44 (28%)	116 (73%)
Use of ECP more than once	0 (0%)	17 (100%)	3 (7%)	38 (93%)
Frequent use of ECP one menstrual cycle	0 (0%)	4 (100%)	0 (0%)	20 (100%)

* Condom usage assessed among those relationships where ECP was ever used

- In the majority of relationships where ECP was ever used, condom use was inconsistent (77% in men and 73% women). (Table 2)
- The proportion of inconsistent condom used was much higher when the ECP was reportedly used multiple times

Coping with unwanted pregnancies was challenging

- Of 238 women, 12 (5%) women reported pregnancy. Out of 209 men, 11 (5%) men reported that their partner was pregnant.
- The subgroup analysis of women showed that average age at the time of pregnancy was 22 years. Of 12 pregnancies reported among women, 4 had to undergo surgical abortions and 8 were medically terminated.
- Majority of the relationships during which pregnancy occurred were serious. In 15 cases, relationships ended and in eight cases relationships were ongoing at the time of interview. The partner was not supportive in most cases. One woman participant even reported physical abuse after the pregnancy was diagnosed. The narratives around these experiences reveal a range of issues such as mental trauma, lack of support by male partners, lack of family support, experiences of stigma and difficulties in seeking abortion care.

Summary

Condom and emergency contraceptive pills were the mainstay of options of contraception among this cohort of unmarried urban youth in heterosexual relationships. Inconsistent condom use was common. The detailed analysis also suggested that safe period and withdrawal method were preferred choices when condom use was inconsistent. The reliance on the traditional methods probably arose from incorrect knowledge. Emergency Contraceptive Pill was an important option for

the youngsters, especially considering the unplanned infrequent nature of the sexual encounters. Overuse (defined as multiple pills used in the same menstrual cycle) of the emergency contraceptive pill was uncommon. Unwanted pregnancy was a very challenging issue for this unmarried cohort.

The study sheds light on the pattern of the contraceptive choices unmarried young people make and the context in which these choices are made. However, as the study uses purposive sampling, quantitative estimation of unmet need of contraception at population level is not possible. We also acknowledge some amount of recall bias in reporting the contraceptive use.

Implications and way forward

Unmet need for contraception among unmarried urban youth is a pressing concern that needs programmatic focus.

Little is known about the extent of unmet need of contraception among unmarried youth in India. With rapidly changing norms regarding premarital sex [3], it is likely that increasing proportion of unmarried youth engage in sex [4,5]. The sexual and reproductive health needs of this large population remain neglected. In the existing national health program, the contraceptives are offered through outreach health workers (such as Asha and Anganwadi) and primary or higher level health care facilities. Theoretically, the program does not discriminate based on marital status. However, the social unacceptance of sex before marriage makes it very difficult for an unmarried woman to seek contraceptive care through these outlets [1]. The same is true of access through private health care providers and pharmacies, as seen in the present study. The programs need to devise innovative strategies to counter the issue.

The existing contraceptive options available for unmarried women are limited and should be expanded

Oral contraceptive pill is a commonly used contraceptive among married women. However, its use is not encouraged by health care providers to unmarried women. Same is true for injectable contraceptives. Condoms are the most suitable option in unmarried contexts as they provide dual protection – against unwanted pregnancy as well as sexually transmitted infections. However, their access is greatly limited for adolescents and women in particular. In a highly gender inequitable patriarchal society, women have limited control over use of male condoms. More deliberation is needed about safety, effectiveness of different options and ease of access in unmarried context. Emergency contraceptive pill is an appropriate example in this sense. It is a safe and effective post-coital contraception. But, several concerns about its irrational use are raised by health care providers (anecdotal data). Such heightened responses can hamper access to this important contraceptive. The existing evidence[6], including the present study, does not support misuse or overuse of emergency contraceptives by youngsters.

One must also reflect on the decision making processes of youngsters, as observed in the present study, while designing the interventions. Many young people believe that condoms reduce pleasure. Dislike is a common reason for not using condoms. Additionally, given the stigma, procuring condoms is challenging for many. In such a situation, inaccurate knowledge about the efficacy of the withdrawal method or safe period, can easily prompt a youngster to make a conscious choice to rely on it. There is a great need to spread awareness about modern contraceptives, do myth busting about traditional methods, and encourage healthy discussions around these issues.

Access to abortion care is fraught with a number of challenges in the context of unmarried youth and needs urgent attention

For an unmarried young woman from India, seeking abortion care is riddled with several challenges. They are more likely to experience second trimester abortion [7] which increases risk of morbidity and mortality. Improved awareness about risk of pregnancy among youngsters, sensitive and non-discriminatory attitude of health care providers would play key roles in facilitating timely access. Equally important is strengthening linkages with mental health services and social support mechanisms, considering heightened vulnerability of an unmarried person during such incidents. There are certain systemic issues as well. In case of abortion of young girl below 18 years, POCSO (Protection of Children from Sexual Offences) Act requires reporting to authorities. Such mandatory disclosure/s may deter or delay health care seeking. It has also been observed that strong legal action on PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques Act) cases has stigmatized medical termination of pregnancy, deterring doctors from providing abortion services. This seems to get even more exaggerated especially in case of abortions among unmarried women. The systems need to address the gaps to prevent unnecessary delays or block and ensure provision of supportive and safe abortion care.

Acknowledgements

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References

- 1] Chandra-Mouli V, McCarraher DR, Phillips SJ, et al. Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive Health* 2014;11:1.
- 2] Sedgh G, Ashford LS, Hussain R. Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method. Guttmacher Institute; 2016.
- 3] Chandra-Mouli V, McCarraher DR, Phillips SJ, et al. Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive Health* 2014;11:1.
- 4] Jejeebhoy SJ. Adolescents in Rajasthan 2012: Changing situation and needs. Report 2014:188.
- 5] Kumar GA, Dandona R, Kumar SGP, et al. Behavioral surveillance of premarital sex among never married young adults in a high HIV prevalence district in India. *AIDS Behav* 2011;15:228–35.
- 6] Mehta NR, Darak SS, Parchure RS. The use of emergency contraceptive pills in India: A meta-analysis. *Indian Journal of Public Health* 2020;64:178.
- 7] Jejeebhoy SJ, Kalyanwala S, Zavier AJF, et al. Experience seeking abortion among unmarried young women in Bihar and Jharkhand, India: delays and disadvantages. *Reprod Health Matters* 2010;18:163–74.

List of research briefs from the Youth in Transition Study

1. Relationship Patterns and Dynamics among Unmarried Youth
2. Sexual Health Risks among Unmarried Youth
3. Contraceptive Use and Unwanted Pregnancies among Unmarried Youth
4. Abuse in Non-Marital Relationships
5. Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth
6. Sexuality and Mental Health Issues among Unmarried Youth

All the research briefs and detailed methodology of the Youth in Transition study is compiled in a report, which can be accessed through [this link](#).

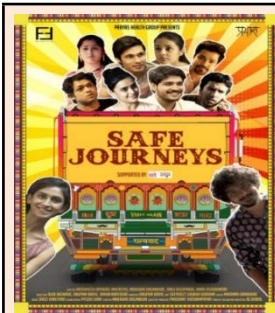
Publications and resources based on insights from the Youth in Transition Study

The Wire Marathi Article Series

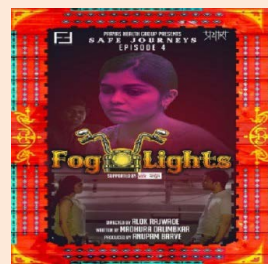
The findings of Youth in Transition Study were shared through a series of articles written in a Marathi news portal, The Wire Marathi. Click the title of the articles to read more.

1. युवकांना स्थित्यंतरात समजून घेण्याचा 'प्रयास'
2. 'सिरीयस', 'कॅज्युअल' आणि जातीची जाणीव
3. नाती, नात्यांच्या कल्पना आणि अदृश्य दबाव
4. लैंगिक अत्याचार आणि आपण सर्व
5. लैंगिक अत्याचाराचा लपलेला चेहरा
6. लैंगिकता आणि नैराश्य
7. संमतीची जाणीव- नेणीव
8. सेक्स आणि इज्जत का सवाल
9. सेक्स आणि जोखमीचे जोखड

Safe Journeys- A Web Series



The web series is based on the insights from the Youth in Transition study and is created with the aim of increasing young people's ability to deal with issues related to sexuality. The series of eight videos can be accessed from [Safe Journeys web page](#) and through [Prayas Health Group's You Tube channel](#)





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